



San Antonio Fire Department

Community Safety & Education Division

Organization: _____ Date: _____

Contact Person: _____ Title: _____

Phone: _____ Ext. _____ Cell: _____ Fax: _____

Address: _____

E-Mail: (optional) _____

Age Group of Attendees (please circle): Pre-K/K 1st-5th 6th-8th 9th-12th Adult-Senior

Number of Anticipated Attendees: _____

Check the service being requested and include three (3) dates of choice. When the event is scheduled, you will receive a confirmation call, fax or email.

***FAX completed form to (210) 206-2320 or email to firesafety-education@sanantonio.gov ***

_____ Fire Company (Truck) Demonstration (*Fire Trucks are still "on call" and may need to leave on an emergency*)

_____ S.A.F.E. House-All grade levels (*Electrician required to provide 220volt, 40 amp service*)

_____ E.D.I.T.H. (Exit Drills In The Home) and Fire Escape Planning

_____ The Fire Dog "Sparky" Show (*Pre-K thru 2nd grade. 150 student minimum*)

_____ Health, Safety Fair & Career Day (*No minimum attendance.*)

_____ Fire Warden or Fire Drill (*Fire Warden Training required before Fire Drill is preformed*)

_____ Fire Extinguisher Training

_____ Juvenile Fire setter Intervention Program (JFIP) (*As ordered by the court*)

_____ Residential Fire Safety Information (*H.O.A. or Apartment Manager/Staff coordinated only, No individual resident/homeowner, Please. Groups only*)

Dates Preferred: 1. _____ 2. _____ 3. _____

3347 South W.W. White Road
San Antonio, TX 78222

Office Phone: (210) 207-8422
Fax Number: (210) 206-2320



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Feedback Survey

(Please Print)

Name: _____ Date: _____

Organization: _____

Circle the correct answer.

1. Did this program provide you with the necessary information on fire safety? Yes No

2. Did this program meet your expectations? Yes No

3. Does this program make a difference in your opinion of fire safety? Yes No

Rate on a scale of 0 – 5 (0 = lowest / 5 = highest) If no opinion, please write “U”

4. Quality of lessons or service provided. _____

5. Ability to understand materials _____

6. Sufficient time spent on each subject _____

7. Professionalism of SAFD personnel _____

8. Value of program _____

9. Information changed your attitude toward fire safety _____

10. Recommend program to others _____

Comments:

Please add questions 4-10 and write the total here: _____

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